

Foster Family Home - Corrective Action Report

Provider ID: 1-514910

Home Name: Castora Dela Cruz, CNA

Review ID: 1-514910-6

56-415 Pahelehala Loop

Reviewer: David Ayling

Kahuku HI 96731

Begin Date: 12/31/2018

Foster Family Home

Required Certificate

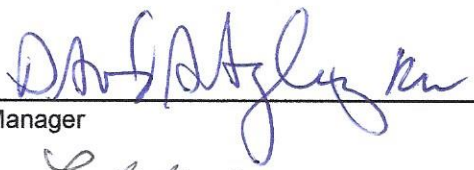
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

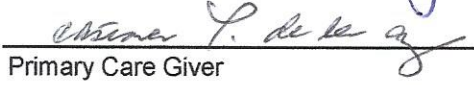
Comment:

Home visit for a 2 person CCFFH recertification review made on 12/31/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 bed certification.


Compliance Manager

12/31/18
Date


Primary Care Giver

12/31/18
Date